# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

	<u> </u>			1				
PWS ID	PWS Name			Classification	n P	opulation	Owner Type	Primary Source
CT1020011	SCWA, CEDAR RIDGE DIVISION			С		370	L	GW
Local Address (where applicable)		Service	Residen	ntial Commerc		Industri	al Combine	ed Agricultural
		Connections	123					

	123		
Towns Served: NORTH STONINGTON			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Chlorine Residual (0999)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		
Total Haloacetic Acids (2456)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>		
9 OAK DRIVE (CDR1T)	1/1/18 - 12/31/18	7/1-7/31	Complete
	1/1/19 - 12/31/19	7/1-7/31	
	1/1/20 - 12/31/20	7/1-7/31	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1 POND DRIVE (CDR1D)	1/1/18 - 12/31/18	7/1-7/31	Complete
	1/1/19 - 12/31/19	7/1-7/31	
	1/1/20 - 12/31/20	7/1-7/31	
Total Coliform (3100)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monit	oring and	d Con	ıpl	iance S	Schedul	e					
PWS ID	S ID PWS Name					Population	Owner Type	Primary Source				
CT1020011	SCWA, CEDAR RIDGE DIVISION				С	ation Population Owner Type Primary Sou 370 L GW						
Local Address	Address (where applicable)		Residen	tial	Commerci	al Industri	al Combin	ed Agricultural				
		Connections	123									

Towns Served: NORTH STONINGTON			-
Monitoring R	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	 ))		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		•
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		•
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	-		

	<b>Connecticut Departme</b>	ent of Public H	ealth	Drir	iking '	Water	Se	ction	
	Water Quality I	Monitoring and	d Com	nolia	nce So	chedul	e		
PWS ID	PWS Name	10111011118 0111		1				ner Type Pr	rimary Sourc
CT1020011	SCWA, CEDAR RIDGE DIVISION			(		370		L	GW
	vhere applicable)	Service	Resident	tial Co	mmercial	Industria	al	Combined	Agricultura
•	,	Connections	123						
Towns Served: N	NORTH STONINGTON								
		Monitoring Requ	iremer	nts					
Water System	Facility: ENTRY POINT (WSF ID:								
Uranium (400	06)	•				1 rou	tine	(RT) per 1	three years
Sampling F	Point (Sampling Point ID)		Monitorir	ng Perio	od Col	lection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/17 - 1	12/31/2	19				
			1/1/20 - 1	12/31/2	22				
Combined Rad	dium-226/228 (4010)					1 rou	tine	(RT) per t	three years
Sampling F	Point (Sampling Point ID)		Monitorir	ng Perio	od Col	lection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/17 - 1	12/31/2	19				
			1/1/20 - 1	12/31/2	22				
Inorganic Che	micals (IOCS)					1 rou	tine	(RT) per t	three years
Sampling F	Point (Sampling Point ID)		Monitorir	ng Perio	od Col	lection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/16 - 1	12/31/2	18			Co	mplete
			1/1/19 - 1	12/31/2	21				
			1/1/22 - 1	12/31/2	24				
Pesticides, He	erbicides and PCBs - Phase II & V	(SOCS)				1 rou	tine	(RT) per t	three years
Sampling F	Point (Sampling Point ID)		Monitorir	ng Peri	od Col	lection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/17 - 1	12/31/2	19				
			1/1/20 - 1	12/31/2	22				
Organic Chem	nicals (VOCS)					1 rou	tine	(RT) per t	three years
Sampling F	Point (Sampling Point ID)		<b>Monitoring Period</b>			lection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/18 - 1	12/31/2	20				
			1/1/21 - 1	12/31/2	23				
Mater System	Facility: WELL 1 (WSF ID: 849)								

Water System Facility: WELL 1 (WSF ID: 849)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 (2)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Monthly Water System Facility (WSF) Level Monitoring Requirements

(	Conne	cticut Department of Pu	ıblic H	ealth D	rinki	ng V	Vater	Sec	ction	
		Water Quality Monitori	ng and	d Compl	liance	e Sc	hedul	e		
PWS ID P	PWS Nam		0						er Type Pr	imary Sourc
T1020011 S	SCWA, CE	DAR RIDGE DIVISION			С		370		L	GW
ocal Address (wh	nere appli		vice nnections	Residential	Comme	ercial	Industri	al C	Combined	Agricultura
owns Served: NC	ORTH STO			123						
		ENTRY POINT (WSFID: 00700)								
Analyte	,	Monitoring Requirement (Summary T	ype)	Operatii	ng Limit			S	amples Re	eq/Month
Chlorine		Entry Point Chlorine Residual Monitori			_				Dai	-
Start Date: 3	/1/2008		Complia	nce History:		Opera	ating Lim	it	Monitor	ing
			Monitor	ing Period		-	liance St		Complia	nce Status:
				18 - 11/30/20						N
				18 - 12/31/20						N
				9 - 1/31/2019						N
				9 - 2/28/2019						N
				9 - 3/31/2019						
0		Na italia Danii I Garage		9 - 4/30/2019				-	I D-	/٥٥
Analyte	2+2	Monitoring Requirement (Summary T		Operation	_			5	-	eq/Month
Orthophospha Start Date: 9		Entry Point Phosphate Monitoring (PF		Minimum nce History:	III. U.I N			_	2	
Start Date. 9	/1/201/		-	ing Period		-	ating Lim oliance St		Monitor Complia	ing nce Status:
				18 - 11/30/20	)18	Comp	marice St	atus.	Compila	N
				18 - 12/31/20						N
				9 - 1/31/2019						N
				9 - 2/28/2019						N
			3/1/201	9 - 3/31/2019	)					
			4/1/201	9 - 4/30/2019	)					
Analyte		Monitoring Requirement (Summary T	ype)	Operatio	ng Limit			S	amples Re	eq/Month
Orthophospha	ate	Entry Point Phosphate Monitoring (Ph	HOS)	Maximu	m: 1.5 l	MG/L			2	
Start Date: 9	/1/2017		Complia	nce History:		Opera	ating Lim	it	Monitor	ing
				ing Period		Comp	liance St	atus:	Complia	nce Status:
				18 - 11/30/20						N
				18 - 12/31/20						N
				9 - 1/31/2019						N
				9 - 2/28/2019						N
				9 - 3/31/2019						
				9 - 4/30/2019				c	amples Re	a/Month
Analyto		Monitoring Poquiroment (Summary T	ivnol	()noratio	HILLING PROPERTY			3	allibies Re	
Analyte		Monitoring Requirement (Summary T	ype)	Operatii Minimu	_					•
рН	/1/2017	Monitoring Requirement (Summary T Entry Point pH Monitoring (PHRD)		Minimu	m: 7.2 F	Ή	-4i ! !		Dai	ly
_	/1/2017		Complia	Minimui nce History:	m: 7.2 F	H Opera	ating Lim		Dai <b>Monitor</b>	ly ing
рН	/1/2017		Complia Monitor	Minimu	m: 7.2 F	H Opera	ating Lim Diance St		Dai <b>Monitor</b>	ly

Schedule Generation Date: 4/11/2019 Page 4

1/1/2019 - 1/31/2019

2/1/2019 - 2/28/2019

3/1/2019 - 3/31/2019 4/1/2019 - 4/30/2019 Ν

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Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary S											
CT1020011	SCWA, CEDAR RIDGE DIVISION				С	370	L	GW			
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural			
		Connections	123								

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary Type) Operati		<b>Operating Limit</b>		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Maximum: 8.5 P		PH	Daily
<b>Start Date:</b> 9/1/2017		Compliance	History:	Operating Limit	Monitoring
		Monitoring F	Period	Compliance Status	S: Compliance Status:
		11/1/2018 - :	11/30/2018		N
		12/1/2018 - :	12/31/2018		N
		1/1/2019 - 1,	/31/2019		N
		2/1/2019 - 2,	/28/2019		N
		3/1/2019 - 3,	/31/2019	·	
		4/1/2019 - 4	/30/2019		

Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012		
CROSS CONNECTION EXEMPTION	3/1/2018		
SUBMIT CCR TO THE DEPARTMENT	6/30/2019		
SUBMIT CCR CERTIFICATION FORM	8/9/2019		

30 DIVITI C	CR CERTIFICATION FORM		8/:	9/2019				
	Wat	er System Facili	ity and Sampling P	oint Ir	vento	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ			
		CDR01	41 CEDAR DRIVE	Α	Υ			
		CDR02	57 POND DRIVE	Α		3		
		CDR03	2 CEDAR DRIVE	Α		3		
		CDR04	7 POND DRIVE	Α		3		
		CDR05	5 POND DRIVE	Α		3		
		CDR06	31 POND DRIVE	Α		3		
		CDR07	11 POND DRIVE	Α		3		
		CDR08	41 POND DRIVE	Α	Υ	3		
		CDR09	8 POND DRIVE	Α	Υ	3		
		CDR10	6 POND DRIVE	Α	Υ	3		
		CDR11	16 POND DRIVE	Α	Υ	3		
		CDR12	20 POND DRIVE	Α	Υ	3		
		CDR13	26 POND DRIVE	Α	Υ	3		
		CDR14	56 POND DRIVE	Α	Υ	3		
		CDR15	3 HICKORY LANE	Α	Υ	3		
		CDR16	37 POND DRIVE	Α		3		Υ
		CDR17	39 POND DRIVE	Α	Υ	3		
		CDR18	29 POND DRIVE	Α	Υ	3		
		CDR19	8 CEDAR DRIVE	Α	Υ	3		
		CDR1D	1 POND DRIVE	Α		2		Υ

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

		Connecticut De	partment of	Public H	ealth	D	rinking	g Wa	ater S	Section	
			iality Monit				•				
PWS ID		PWS Name	<u>J</u>	0 -		-	ssification				rimary Source
CT102001	1	SCWA, CEDAR RIDGE DIV	ISION				С	3	70	L	GW
Local Add	ress (w	here applicable)		Service	Residen	tial	Commerci	al Ir	ndustrial	Combined	Agricultural
				Connections	123						
Towns Sei	rved: N	IORTH STONINGTON		·				·			
		Water	System Facili	ty and Sar	npling	Po	int Inve	nto	ry		
Water							To	otal	Lead a	nd	
System		r System Facility	Sampling Point		nt			iform	Coppe		Stage
Facility ID	)		ID	Description			Status F	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
			CDR1T	9 OAK DRIVE			Α				Υ
			CDR20	19 OAK DRIVE			Α	Υ	3		
			CDR21	20 OAK DRIVE			Α	Υ	3		
			CDR22	3 OAK DRIVE			Α	Υ	3		
			CDR23	40 CEDAR DRI	VE		Α	Υ	3		
			CDR24	6 FOREST DRI	VE		Α	Υ	3		
			CDR25	11 CEDAR DRI	VE		Α	Υ	3		
			CDR26	28 POND DRIV	/E		Α	Υ	3		
			CDR27	55 POND DRIV	/E		Α	Υ	3		
			CDR28	60 POND DRIV	/E		Α	Υ	3		
			DOWNSTREAM	WITHIN 5 SER	VICE COI	N	Α				
			UPSTREAM	WITHIN 5 SER	VICE COI	N	Α				
00700	ENTR	Y POINT	3	ENTRY POINT			Α				
455	CEDA	R RIDGE PUMPHOUSE									
50893	PRESS	SURE TANK									
849	WELL	1	2	WELL 1			Α				

Certified C	perator	Information
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Water System Facility: CEDAR RIDGE PUMPHOUSE (WSF ID: 455)

Facility Classification: CLASS 1 TR	REATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021

				Contact Info	ormation				
Name				Organization				Job Title	9
Mr. Joseph Cansler				SCWA			General Ma	anager	
Mailing Address Lin	e One		Mailing	Mailing Address Line Two			City		Zip Code
P.O. Box 415			1649 R	oute 12		Gales Fe	rry	СТ	06335-0415
Business Phone	Extension	Fax		Mobile Phone	bile Phone Emergency Phone Email Address				
860-464-0232		860-464-2	2876	860-941-3406		j.cansler	@waterautl	hority.org	

Contact Role(s): Administrative Contact

C	Connectici Wat				Public oring a			U			
PWS ID P	WS Name	cr Qua	iicy iv	TOTITU	or mg ar	ila Goi	_				Primary Source
_	CWA, CEDAR RI	DGE DIVISION	ON					С	370	L	GW
Local Address (wh	ere applicable)				Service Residen			mmercia	al Industri	al Combine	ed Agricultural
					Connection	ns 123					
Towns Served: NC	RTH STONINGT	ON				'				'	
Name				Or	ganization					Job Titl	e
Dr. Edward C. Mo	nahan			So	utheastern (	CT Wtr. Au	thority		Chairman	]	
Mailing Address Li	ine One		Mailing	Address	Line Two				City	State	Zip Code
1649 Route 12			PO Box	415				Gales F	erry	СТ	06335-0415
Business Phone	Extension	Fax	1	Mobile	e Phone	Emergenc	y Phone	Email A	ddress		
860-464-0232		860-464-	2876	860-94	41-9246			ed.mor	nahan@com	ncast.net	
Contact Role(s):	Legal Contact							1			<del></del> -

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ation P	opulation	Owner Type	Primary Source
CT1020021 SCWA, NORTH STONINGTON DIVISION (NST)						1,860	L	GW
Local Address (v	here applicable)	Service	Residen	itial Commerci		Industri	al Combine	ed Agricultural
		Connections	215		5			

Towns Served: NORTH STONINGTON

Towns Served: NORTH STONINGTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/12 - 12/31/20		
Total Coliform (3100)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prir	mary Source
CT1020021 SCWA, NORTH STONINGTON DIVISION (NST)					С	1,860	L		GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industr	ial Combin	ed	Agricultural
		Connections	215		5				

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Water System Facility: WELL 1 (WSF ID: 1402)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 (2)	1/8/19 - 1/14/19		Complete
Water System Facility: WELL 2 (WSF ID: 1403)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
WELL 2 (2)	1/8/19 - 1/14/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Departr	ment of Public H	<b>Health</b>	Dr	inking '	Water	Section	
	Water Quality	Monitoring an	d Com	npl	iance Sc	chedule	9	
PWS ID	PWS Name	0		_			Owner Type P	rimary Source
CT1020021	SCWA, NORTH STONINGTON DIV	VISION (NST) C 1,860 L						GW
Local Address (	where applicable)	Service	Residen	tial	Commercial	Industria	I Combined	Agricultura
		Connections	215		5			
Towns Served:	NORTH STONINGTON	-						
Water System	Facility: ENTRY POINT (WSFII	D: 00700)						
Analyte	Monitoring Requirem	ent (Summary Type)	Ope	ratin	g Limit		Samples R	eq/Month
рН	Entry Point pH Monito	ring (PHRD) Minimum: 7.0 PH Daily						ily
Start Date:	7/1/2003	•	ance Histo	-		rating Limit pliance Sta		ring ance Status:
		11/1/20	)18 - 11/30	0/20				N
		12/1/20	)18 - 12/3:	1/20	18			N
		1/1/201	19 - 1/31/2	2019				N
		2/1/201	19 - 2/28/2	2019				N
		3/1/201	L9 - 3/31/2	2019				
		4/1/201	L9 - 4/30/2	2019				
		Other Compliance	Sched	lule	!S			
Compliance Sch	nedule Activity			Due l	Date	Achiev	ed Date	
SUBMIT CCR TC	THE DEPARTMENT		6	5/30/	2019			
SUBMIT CCR CE	RTIFICATION FORM		8	8/9/2	2019			
CROSS CONNEC	CTION SURVEY REPORT			3/1/2	2020			
	Pu	ublic Notification F	Require	me	ents			
		Compliance	Notice		Public Not	ification	PN Cer	<u>tification</u>
Violation/Situa	ition	Period	Tier		Required	Performed	Due to DPH	Received
DELUCED TOTAL	COLLEGES A DULLE (DECD)	= /40 /4= = /4= /4=		_	10=10010		1/6/2010	= /0 /0040

Public Notification Requirements							
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
REVISED TOTAL COLIFORM RULE (RTCR)	7/13/17 - 7/17/17	3	3/27/2019		4/6/2019	7/2/2018	
REVISED TOTAL COLIFORM RULE (RTCR)	7/15/17 - 7/17/17	3	5/23/2019		6/2/2019	7/2/2018	

KE VIOLD TO 17 KE COEM ON IN THO	22 (111011)	3/1/ //1/	3/23/2	.013		0/ 2/ 2013	,,2,2010
	Water System Faci	lity and Sampling P	oint Ir	nventoi	ſy		
Water System Water System Facil Facility ID	lity Sampling Poin	t Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
00600 DISTRIBUTION SYST	EM 4	DISTRIBUTION SYSTEM	А	Υ			
	DOWNSTREAM	M WITHIN 5 SERVICE CON	Α				
	NST 01	31 KINGSWOOD DR	Р	Υ			
	NST 02	52 OLD COLONY RD	Р		3		
	NST 03	6 OLD COLONY RD	Р		3		
	NST 04	38 PINECREST RD	Р		3		
	NST 05	33 MEADOW WOOD DR	Р		3		
	NST 06	48 OLD COLONY RD	Р		3		
	NST 07	19 MEADOW WOOD DR	Р		3		
	NST 08	NST 8	Α	Υ			
	NST 10	7 RAVENWOOD DR.	Α	Υ			
	NST 11	NST 11	Α	Υ			
	NST 13	NST 13	Α	Υ			
	NST 18	NST 18	Α	Υ			
	NST 21	NST 21	Α	Υ			
	NST 22	25 KINGSWOOD DR	Α	Υ			

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>							
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1020021	SCWA, NORTH STONINGTON DIVISION (NST)				С	1,860	L	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections	215		5			

Towns Served: NORTH STONINGTON

	<b>Water System Facili</b>	ity and Sampling P	oint Ir	vento	ry		
Water System Water System Facility Facility ID	Sampling Point	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
-	NST 23	NST 23	A	Υ			
	NST 24	NST 24	Α	Υ			
	NST 26	4 KINGSWOOD DR	Α	Υ			
	NST 27	5 RHONDA LA	Α	Υ			
	NST 28	NST 28	Α	Υ			
	NST 29	NST 29	Α	Υ			
	NST 30	NST 30	Α	Υ			
	NST 31	24 PINECREST RD	Α	Υ			
	NST 35	NST 35 10 MEADOW WOO	Α	Υ			
	NST 36	NST 36 12 MEADOW WOO	Α	Υ			
	NST 37	NST 37 3 KINGSWOOD D	Α	Υ			
	NST 38	NST 38 11 OLD COLONY	Α	Υ			
	NST 4	66 MAIN ST	Α	Υ			
	NST 44	29 RAVENWOOD DR	Α	Υ			
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
1402 WELL 1	2	WELL 1	Α				
1403 WELL 2	2	WELL 2	Α				
36715 ATMOSPHERIC STORA	GE TANK						
59956 NST BOOSTER STATIO	N						
59958 BLADDER TANKS							
611 NST TREATMENT FACI	LITY						

Facility Classification: CLASS 1 T	Facility Classification: CLASS 1 TREATMENT PLANT							
Operator Name	Operator Type	Certification(s)	Expiration					
SIPULESKI, PAUL	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020					
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020					

**Certified Operator Information** 

BELAIR, BRANDON W. ASSIGNED OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS II 6/30/2021

WATER TREATMENT PLANT OPERATOR - CLASS II 6/30/2021

Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

Water System Facility: NST TREATMENT FACILITY (WSF ID: 611)

Facility Classification: CLASS 1 DISTRI	BUTION SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Qualit	y Monitoring and			٠	,		
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1020021	SCWA, NORTH STONINGTON D	IVISION (NST)			С	1,860	L	GW
Local Address (where applicable)		Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural
		Connections	215		5			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

		Certif	ied Operato	or Information	١			
ility: DISTR	BUTION SY	STEM (V	VSF ID: 00600)					
n: CLASS 1 DI	STRIBUTION	SYSTEM						Certification
		Operato	r Type	Certification(s)				Expiration
N.		ASSIGNED	OPERATOR	DISTRIBUTION SYS	ГЕМ ОРЕ	RATOR - CLASS	II	6/30/2021
				WATER TREATMEN	IT PLANT	OPERATOR - C	LASS II	6/30/2021
			Contact Info	ormation				
			Organization				Job Title	<u> </u>
			SCWA	General Manager			ager	
e One		Mailing Ad	niling Address Line Two			City Sta		Zip Code
		1649 Rout	649 Route 12			rry	СТ	06335-0415
Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
	860-464-2	2876	860-941-3406	j.cansler@waterauthority.org				
dministrative	Contact	·						
			Organization				Job Title	9
ahan			Southeasterr	CT Wtr. Authority		Chairman		
e One		Mailing Ad	ddress Line Two			City	State	Zip Code
		PO Box 41	5		Gales Fe	rry	CT	06335-0415
Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
	860-464-2	2876	860-941-9246		ed.mona	ahan@comcast	t.net	
gal Contact								
	e One  Extension  dministrative (  ahan e One  Extension	e One  Extension Fax 860-464-2 dministrative Contact  ahan e One  Extension Fax 860-464-2	e One Mailing Actionstrative Contact  Characteristics Actions and Actions and Actions and Actions and Actions are also as a second action of the Actions and Actions are also actions and Actions and Actions are also actions are also actions and Actions and Actions are also actions are also actions and Actions and Actions and Actions are also actions are also actions and Actions are also actions and Actions are also actions are a	CONTACT Info  Organization SCWA  e One  Mailing Address Line Two 1649 Route 12  Extension  SCWA  Mobile Phone 860-464-2876  Mailing Address Line Two Organization Southeasterr  e One  Mailing Address Line Two Address Line Two Address Line Two Boutheasterr  PO Box 415  Extension  Fax  Mobile Phone Address Line Two Address Line Tw	CONTECT INFORMATION SYSTEM (WSF ID: 00600)  M. ASSIGNED OPERATOR DISTRIBUTION SYSTEM  CONTACT Information  Organization  SCWA  e One Mailing Address Line Two  1649 Route 12  Extension Fax Mobile Phone Emergency Phone  860-464-2876 860-941-3406  Idministrative Contact  Organization  Southeastern CT Wtr. Authority  e One Mailing Address Line Two  PO Box 415  Extension Fax Mobile Phone Emergency Phone  Body Address Line Two  PO Box 415  Extension Fax Mobile Phone Emergency Phone  Mailing Address Line Two  PO Box 415  Extension Fax Mobile Phone Emergency Phone  860-464-2876 860-941-9246	CONTACT Information  Organization  SCWA  E One  Mailing Address Line Two  860-464-2876  Mailing Address Line Two  Organization  Southeastern CT Wtr. Authority  E One  Mailing Address Line Two  Organization  Southeastern CT Wtr. Authority  E One  Mailing Address Line Two  Organization  Scwa  B Gales Fe  Extension  Ana  Southeastern CT Wtr. Authority  E One  Mailing Address Line Two  Organization  Southeastern CT Wtr. Authority  E One  Mailing Address Line Two  Organization  Southeastern CT Wtr. Authority  E One  Mailing Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415  Extension  Fax  Mobile Phone  Emergency Phone  Email Address Line Two  PO Box 415	CONTACT Information  CONTACT I	DISTRIBUTION SYSTEM (WSF ID: 00600)  In: CLASS 1 DISTRIBUTION SYSTEM  Operator Type  Certification(s)  W. ASSIGNED OPERATOR  DISTRIBUTION SYSTEM OPERATOR - CLASS II WATER TREATMENT PLANT OPERATOR - CLASS II  COntact Information  Organization  SCWA  General Manager  e One  Mailing Address Line Two  1649 Route 12  Extension  Fax  Mobile Phone  Benergency Phone  Emergency Phone  Benail Address  Southeastern CT Wtr. Authority  Chairman  e One  Mailing Address Line Two  Organization  Southeastern CT Wtr. Authority  Chairman  e One  Mailing Address Line Two  PO Box 415  Gales Ferry  CT  Extension  Fax  Mobile Phone  Emergency Phone  Gales Ferry  CT  Extension  Fax  Mobile Phone  Emergency Phone  Emergency Phone  Email Address  Gales Ferry  CT  Extension  Fax  Mobile Phone  Emergency Phone  Emergency Phone  Email Address  ed.monahan@comcast.net

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<u> </u>			1				
PWS ID	PWS Name					Classi	ification	Population	Owner Type	Primary Source
CT1021001	NORTHSTONE GARDE	NS					С	79	Р	GW
Local Address (v	vhere applicable)			Service	Residen	tial C	ommercia	al Industri	al Combine	ed Agricultural
				Connections	32					

Towns Served: NORTH STONINGTON

EP - WELLS 1 -4 (3)

Towns Served: NORTH STONINGTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		2 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT - WELLS 1 - 4 (WSF	: ID: 00700)		
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ED WELLS 4 4/2)	1/1/17 12/21/10		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

1/1/17 - 12/31/19

1/1/20 - 12/31/22

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1021001	NORTHSTONE GARDENS				С	79	Р	GW
Local Address (v	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
		Connections	32					

Towns Served: NORTH STONINGTON		1	1
Monitorin	g Requirements		
Water System Facility: ENTRY POINT - WELLS 1 - 4 (WSF ID	): 00700)		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
EP - WELLS 1 -4 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 -4 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
EP - WELLS 1 -4 (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 -4 (3)	1/1/18 - 12/31/18		Complete
· · · · · · · · · · · · · · · · · · ·	1/1/19 - 12/31/19	_	<u>.</u>
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	<u> </u>	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 -4 (3)	1/1/17 - 12/31/19		·
( )	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 -4 (3)	1/1/18 - 12/31/20		,
	1/1/21 - 12/31/23		
Water System Facility: ENTRY POINT - HOUSE WELL (WSF)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - HOUSE WELL (3)	1/1/17 - 12/31/19	Concection i criod	Compnance Status
El 11003E WEEE (3)	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)	1/1/20 12/31/22	1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - HOUSE WELL (3)	1/1/18 - 12/31/18	Concedion rendu	Complete
E1 11003E WELLE (3)	1/1/19 - 12/31/19		Complete
	1/1/19 - 12/31/19		
Padionuslides Gross Alpha Cambined Padium P. Harris		1	no (DT) nor six ves
Radionuclides - Gross Alpha, Combined Radium & Uranium Sampling Point (Sampling Point ID)	•	Collection Period	ne (RT) per six years
Juliping Point (Juliping Point ID)	Monitoring Period	Conection Period	Compliance Status

	Connecticut Department of	Public H	lealth	l Di	rinking	Water	Section	
	Water Quality Monit	oring and	d Con	npl	iance S	chedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1021001	NORTHSTONE GARDENS				С	79	Р	GW
Local Address (where applicable)  Service Residential Commercial Industrial Combined Ag							ed Agricultural	
		Connections	32					

Towns	Comind.	MODTH	STONINGTON	
11 O W115	serveu.	NONIA	STOMINGTON	

Monitoring Requirements									
Vater System Facility: ENTRY POINT - HOUSE WELL (WSF ID: 00701)									
Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three years									
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
EP - HOUSE WELL (3)	1/1/17 - 12/31/19								
	1/1/20 - 12/31/22								
Organic Chemicals (VOCS)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
EP - HOUSE WELL (3)	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Other (	Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date						
CONSULT WITH THE DEPARTMENT	8/9/2017							
ADDRESS CONTAMINATION	11/5/2017							
CONSULT WITH THE DEPARTMENT	12/1/2018	12/1/2018						
SUBMIT CCR TO THE DEPARTMENT	6/30/2019							
SUBMIT CCR CERTIFICATION FORM	8/9/2019							
CROSS CONNECTION EXEMPTION	3/1/2023							

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/2/18 - 10/24/18	2	1/3/2019	2/25/2019	1/13/2019	2/25/2019		
E. Coli	6/1/18 - 6/30/18	3	8/27/2019		9/6/2019			

	Water	System Facili	ity and Sampling P	oint Ir	nvento	ſy			
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper		S	stage
Facility ID		ID	Description	Status	D. J.		Asbestos		_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	Lapointe Hilda Hous	Α	Υ				
		4-2	Lapointe New Home #	Α	Υ				
		4-3	Dimaggio # 14	Α	Υ				
		4-4	Devaney # 14A	Α	Υ				
		4-5	York #22	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELLS 1 - 4	3	EP - WELLS 1 -4	Α					
00701	ENTRY POINT - HOUSE WELL	3	EP - HOUSE WELL	Α					
59863	HOUSE WELL	2	HOUSE WELL	Α					
840	WELL 2	2	WELL 2	Α					
848	WELL 1	2	WELL 1	Α					
850	WELL 3	2	WELL 3	Α					

	Water Quality I				ر	,		11	
	water Quarity i	wonitoring and	u Gon						
PWS ID PWS Name				Classification P		Population	Owner Ty	pe P	rimary Source
CT1021001	NORTHSTONE GARDENS				С	79	Р		GW
Local Address (where applicable) Service Resid				ntial	Commerci	al Industr	ial Comb	ined	Agricultural
		Connections	32						

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

	V	Vater System Facili	ty and Samplin	g Point Ir	vento	ry			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID		ID	Description	Status	5.1	Rule Tier	Asbestos	WQP	_
851	WELL 4	2	WELL 4	Α					
		Cartified	Operator Infor	mation					

## Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER S	SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Expiration	
NAPIERATA, KYLE	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021	
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021	
LAFRAMBOISE, PAUL F.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021	
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021	

				Co	ntact Inf	ormation				
Name				(	Organization	1	Job Title			
Mr. Richard K. Free	edman			(	Garden Hom	es Management Cor	p.	President		
Mailing Address Lin	ailing Address Line One Mailing Add			Addre	ess Line Two			City	State	Zip Code
29 Knapp Street							Stamfor	d	СТ	06907
Business Phone	Extension	Fax		Mol	oile Phone	Emergency Phone	Email Address			
203-348-2200	2475	203-967-8	3372		203-219-1971 richard@gardenhomesmanageme				ent.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule